

<b>NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP</b>			DATE <b>10 JULY 1974</b>	3290
TO: (Check)	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION, OP	SS NUMBER <b>069-24-3138</b>	RETURN TO CIA Background Use Only
	<input type="checkbox"/>	CHIEF, CONTRACT PERSONNEL DIVISION, OP	EMPLOYEE NUMBER <b>007667</b>	Do Not Reproduce
	<input checked="" type="checkbox"/>	CHIEF, OPERATING COMPONENT (For action) <b>W-1</b>	ID CARD NUMBER	
ATTN: CHIEF SUPPORT STAFF		OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED	<input type="checkbox"/> DISCONTINUED
REF: FORM 2458, DATED 19 JUNE 1974		UNIT <b>99</b>		
SUBJECT <b>CHARLOTTE BUSTOS-VIDELA</b>				

## KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS		
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> BASIC COVER PROVIDED <b>EOD</b> EFFECTIVE DATE _____		EFFECTIVE DATE: _____		
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR <b>TDY</b> OTHER (Specify) _____		SUBMIT FORM 3254 <b>W-2</b> TO BE ISSUED. (HQB 20-11)		
<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HQB 20-7)		SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HQB 20-7)		
<input checked="" type="checkbox"/> SUBMIT FORM 3254 <b>99</b> W-2 TO BE ISSUED. (HQB 20-11)		EAA: CATEGORY I <b>99</b> CATEGORY II _____ RETURN ALL OFFICIAL DOCUMENTATION TO CCS		
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)		SUBMIT FORM 2688 FOR HOSPITALIZATION CARD.		
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)		DO NOT WRITE IN THIS BLOCK		
<input checked="" type="checkbox"/> EAA. CATEGORY I <b>99</b> CATEGORY II <input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR <b>AGE</b> HOSPITALIZATION CARD				
REMARKS AND/OR COVER HISTORY  27 AUG 51--AUG 62-EG-S-OVERT AUG 62-JULY 67-EG <b>99</b> <b>99</b> JULY 67-10 AUG 72-MEXICO <b>99</b> 1 SEPT 72-27 JUNE 74-EG-S- <b>99</b> 28 JUNE 74-TRINIDAD <b>99</b> <b>b31</b>				

DISTRIBUTION:  
 COPY 1 - CD OR CPD  
 COPY 2 - OPERATING COMPONENT  
 COPY 3 - DS/SR&CD  
 COPY 4 - OC/DO/TFB  
 COPY 5 - CCS-FILE

EP:mlr

FORM 1-74 1551 USE PREVIOUS EDITION

SECRET

E-2, IMPDET CL BY: 007622

(13-20)


 CHIEF, OFFICIAL COVER BRANCH, COVER & DO COMMERCIAL STAFF

6/BR